

# **MDSS: Suspect/Active Tuberculosis Case Reporting Guide**



**MDCH TB Program October, 2007**

## **For more information:**

MDCH TB Program  
HIV/STD/TB Section  
Capitol View Bldg., 201 Townsend St., 5<sup>th</sup> Floor, Lansing, MI 48913  
Phone: (517) 335-8165 Fax: (517) 335-8263  
<http://www.michigan.gov/tb>

Peter Davidson, PhD  
TB Controller  
[davidsonp@michigan.gov](mailto:davidsonp@michigan.gov)

Andrew Knecht, MPH  
TB Epidemiologist  
[knechta@michigan.gov](mailto:knechta@michigan.gov)

Gail Denkins, RN, BS  
TB Nurse Consultant  
[denkinsg@michigan.gov](mailto:denkinsg@michigan.gov)

Julie McCallum, RN, BSN, MPH  
TB Nurse Consultant  
[jmccallum@alam.org](mailto:jmccallum@alam.org)

Gladys Simon  
TB Clerk  
[simong@michigan.gov](mailto:simong@michigan.gov)

## **Acknowledgements:**

Much of the information contained in the following instruction was obtained from the State of Oregon Document: "Tuberculosis Case Reports Instruction Guide".

## **Table of Contents**

Introduction.....	1
The MDSS TB Suspect/Case Report Form Sections.....	1
Process for Reporting Suspect or Active Cases of Tuberculosis.....	2
General Instructions for Form Completion.....	3

## **Introduction:**

The Michigan Disease Surveillance System (MDSS) TB Case Report Form is designed to collect information on suspects and cases of active tuberculosis (TB) disease diagnosed in Michigan.

Beginning in January, 2008, the MDCH TB Program will collect suspect and active TB case report data through the MDSS TB Case Report Form. The data collected in this form is very similar to the data that has historically been collected on the Report of Verified Case of Tuberculosis (RVCT) which is the currently used case report form. There are some additional variables that have been added to the MDSS TB Form in anticipation of the new RVCT that is being developed by the CDC. The new MDSS form is designed to facilitate more rapid reporting by eliminating the time spent filling out paper RVCT forms by hand and mailing them to MDCH and allowing for easier transmission of data to the CDC.

Local patient identifying information, though collected by state and local health departments, is not transmitted to the CDC. The surveillance information transmitted to the CDC is used for statistical and analytic reports in which no individual can be identified, and for special investigations of the natural history and epidemiology of TB. Thus, consistency and accuracy of data collection is important so that Michigan is properly represented in the national TB picture. The following instructions are designed to explain the reporting process that will be used in the new MDSS TB Form.

## **The MDSS TB Suspect/Case Report Form Sections:**

- 1) Report of Suspect/Verified Case of Tuberculosis Section (Pages 1-4): Investigation Information, Patient Information, Demographics, Referral Information, Clinical Information, Laboratory Information, Epidemiologic Information, and Treatment Information are collected in this four-page section.
- 2) Follow-Up Report 1 – Initial Drug Susceptibility Report Section, **State Use Only**, (Page 5): Susceptibility results from the MDCH Lab are collected in this section.
- 3) Follow-Up Report 2 – Case Completion Report Section (Pages 6-7): Treatment outcomes are collected in this section.
- 4) Contact Information Section (Page 8): General Information about contacts to active TB cases is collected on this form.
- 5) Other Information Section (Page 9): Comments or Additional Information is collected in this section.

## **Process for Reporting Suspect and Active Cases of Tuberculosis:**

- 1) A suspect /active case of TB can be reported to the Local Health Department (LHD) by a laboratory or health care practitioner (HCP). Similar to other reports in the MDSS, lab reports from the MDCH lab will be submitted electronically into the MDSS. Also, like other reportable conditions, HCPs may enter initial information about a suspect/active case of TB into the MDSS; therefore LHD staff need to be aware of new reports of TB cases in the MDSS that require investigation.
- 2) If entering the case manually, LHD reports a suspect/active case to MDCH TB Program by entering the case into the MDSS under the reportable condition: "Tuberculosis" as soon as a specimen has been submitted to a lab and/or the patient has been started on TB treatment. It is important at this step to leave the Investigation Status as "New".
- 3) LHD will then complete the Report of Suspect/Verified Case of Tuberculosis section, pages 1-4, the fields "Submitted By", "Date", "Health Department", "Phone Number" and "Ext." on page 9 and change the Investigation Status to "Active" to indicate the case is ready for review by MDCH TB Program. It is important at this step to leave the Investigation Status as "Active" as this is the signal for the MDCH TB Program to review the case for counting. For any data that are unknown, please mark "unknown" or "pending" as appropriate.
- 4) Following review, MDCH will mark "No" for the completion questions for Follow-Up 1 Report and Follow-Up 2 Report, indicating that these sections are not yet complete. Once all necessary information is collected to count a case, MDCH will mark the case "Completed" which triggers the MDSS to report the data to CDC.
- 5) When drug susceptibility information is available, MDCH TB Program will re-open the case to enter information into Follow-Up 1 Report, page 5, of the MDSS. The case will then be marked by MDCH as "Completed" to send updated notification to CDC.
- 6) LHD staff are responsible for case management of the TB patient. When follow-up of a case is completed and a case is closed, the LHD should re-open the case, by changing the investigation status to "Active" and enter the Case Completion Report information into the Follow-up 2 Report, pages 6-7, of the MDSS TB Form.
- 7) After the Follow-Up 2 information has been added to the MDSS, MDCH will review all of the entered information and once all necessary information is collected to close a case, MDCH will mark the case "Completed" for final notification to CDC.

## **General Instructions for Form Completion:**

The instructions in this guide are not a substitute for guidelines about TB diagnosis, treatment, or control. Any contradictions between the implied content of these instructions and the policies and practices of local health departments or other local health providers should be discussed, according to the context, with the state TB program.

All data items on the forms should be completed according to these instructions. Please direct all questions for clarification, or assistance with unusual circumstances to the state TB Epidemiologist.

The sections and variables that are marked “State Use Only” should be left blank. All other questions should only be left blank or marked pending if the information requested is pending.

Mark the one best choice from among the values listed unless the field is marked “select all that apply”. For example, the Site of Disease field allows more than one selection. If the answer to an item is not among the choices given on the form, please note it in the Comments section of the form.

If a valid value cannot be determined for a data item, mark the field “unknown” or if there is not an “unknown” option, please write “unknown” in the text field or leave the numeric field blank. This will let the MDCH TB Program know that the person who completed the form attempted to collect this information, but was unable to do so due to unusual circumstances. All of the data collected on the TB Case Reporting forms are a standard part of suspect TB case work-up and thus “Unknown” boxes should rarely need to be used. All data items left blank or marked “unknown” without explanation will be verified with you by state TB Program staff.

Patient history, without medical documentation, should not be accepted for any of the clinical, treatment, or laboratory information requested on the Tuberculosis Case Reports. The information required by the forms can however, be obtained from any documented medical records such as those found in hospitals, clinics, directly observed therapy records, pharmacy and prescription records.